

Meeting Summary

eHealth Technical Advisory Committee March 23, 2010 12:00-1:30PM

Summary of Key Questions/Issues/Decision Points:

- TAC passed the motion to finalize and send the letter drafted to Cal OHII as the committee's feedback regarding the current privacy and security guidelines.
- In response to public comment, the group agreed by consensus to add the following statement to the Operational Plan: "In addition to classical RHIOs, there are numerous other initiatives that exchange data across organizations, and they are important parts of the HIE infrastructure in California."
- In response to public comment, the group agreed by consensus to modify the Technical Architecture diagram to depict the presence of legal entities. The purpose of this modification is to clarify the role of legal entities in relation to principals, enterprises, and CS-HIE Services.
- In response to public comment, TAC revisited whether or not the sharing of information by participants who choose to access CS-HIE Services should be optional or required. Given the need for further discussion to resolve the appropriate policy, the group agreed by consensus to add the following language to the referenced section: "Use of the CS-HIE Services is optional, but if an entity uses the services then it may be subject to certain obligations yet to be defined". Further deliberation by the Governance Entity on this issue will be required.
- The group agreed by consensus that the Technical Architecture be updated in accordance with the recommendations of the lab results task group, such that (1) lab results clearinghouse and routing service be described as a planned non-core service, and (2) transformation services, lab results routing decision support, and routing of lab orders be described as under future consideration as possible extensions of the primary services planned.
- The group agreed by consensus that the central EDI-based eligibility service identified by the eligibility task group be included in the Operational Plan as a service under consideration; the service requires further research by the Governance Entity in conjunction with IHA, CHCF, and payer stakeholders.

Next Steps:

- The amended letter containing TAC's feedback to the current PSAB privacy and security guidelines will be sent to Cal OHII.
- A link to the public comments to the Operational Plan will be sent to the group.
- The Operational Plan will be edited as necessary to respond to the feedback received during the public comment period. Members are asked to continue monitoring the email discussion lists until the plan is delivered to ONC on 3/31.
- There will be no more scheduled TAC meetings until further notice (sometime after April).

Detailed Summary

Approval of Summaries

The 3/16 meeting summary could not be approved due to the lack of a quorum during this part of the meeting.

TAC Feedback to OHII

Scott Whyte presented for the group's consideration a proposed letter representing TAC's feedback to OHII about the currently recommended privacy and security guidelines pertaining to HIE. The letter incorporates comments and suggestions received from TAC members over email. The letter addresses four main concerns:

1. PSAB Guidelines prohibiting state-sponsored HIE to be used for any functions other than clinical care and public health purposes;
2. Cal OHII's opinion that a universal "opt-in" policy will apply to HIE transactions involving state-sponsored services;
3. The current provision that "sensitive information" may be withheld by patients even if they give opt-in consent, i.e. the Guidelines currently require separate handling of sensitive information;
4. PSAB's current work plan for the resolution of grey areas with guidance and/or legislative recommendations will not be complete until 2014.

After a brief discussion, changes were made to the recommendations under (3) as follows (changes indicated in red): "TAC recommends that 'sensitive information' be more clearly **and practically** defined, ~~that there be no 'separate handling' of sensitive information, (i.e., information is either included or excluded)~~ and that an 'information withheld' flag be established as notification to providers **where permitted by law.**"

The committee having achieved quorum for this portion of the meeting, Lucia Savage made the motion that TAC accept the letter as amended and send it as feedback to Cal OHII. Mike Minear seconded the motion. There being no objections, the motion was passed.

Review of Public Comments to Operational Plan

Walter brought several actionable comments made during the public comment period to the group for review.

- *Comment:* The table in the Operational Plan titled "RHIOs in CA" does not include many HIE efforts in the state that other organizations are involved in, e.g. John Muir Health's exchange of information with other organizations, Relay Health, and HIE between KP and the VA.
Discussion: Several members pointed out that there is more than one category of HIE activity, and that this fact should be acknowledged. Additionally, the meaning of HIE involves the sharing of health information between organizations, rather than within a single legal entity.
Action: The group agreed by consensus to add the statement, "In addition to classical RHIOs, there are numerous other initiatives that exchange data across organizations, and they are important parts of the HIE infrastructure in California."
- *Comment:* The Technical Architecture Diagram as depicted on p. 48 is inconsistent with the definitions provided. Based on the definition of "Principal", principals need a legal entity to participate in exchange. However, the current diagram suggests that exchange is occurring without a legal entity by Principals 1 and 2.
Discussion: Walter noted that this comment was accurate. He proposed modifying the diagram to depict the presence of legal entities. The purpose of this modification would be to clarify the role of legal entities in relation to principals, enterprises, and CS-HIE Services. Note: please see Slide 6 of [today's Meeting Slides posted on the TAC project space](#) for additional information.
Action: The group agreed by consensus to modify the diagram as proposed.
- *Comment:* The principle of optionality described on p. 69 would seem to work against the goal of having HIE available to all trading partners.

Discussion: Wayne Sass and Scott Whyte raised the point that making participation in HIE via the CS-HIE Services optional is a key principle that was agreed upon by TAC in the past. David Joyner expressed concern that if the sharing of information is completely optional, many entities would opt to receive shared information from other parties but would not choose to share the information that they have with others. He suggested that entities who receive information through CS-HIE Services be required to also share information with others. Tim Andrews noted that creating such a requirement would raise the additional question of what information organizations would be required to share. Wayne Sass commented that requiring entities to share information in order to access CS-HIE Services might deter some organizations who otherwise might participate.

Action: Given the need for further discussion to resolve the appropriate policy, the group agreed by consensus to add the following language to the referenced section: "Use of the CS-HIE Services is optional, but if an entity uses the services then it may be subject to certain obligations yet to be defined". Further deliberation by the Governance Entity on this issue will be required.

- *Comment:* California physicians will need clear guidelines about what information should and should not be posted to the HIE, and how to protect their patients' privacy.

Discussion: Walter mentioned this comment because it illustrates the need to more clearly communicate the fact that the Technical Architecture does not entail any information being "posted to the HIE". Language may be added to the document to articulate this.

Action Items: In response to interest expressed by members of the group, a link to the public comments will be sent via the email discussion list for reference.

Update from Lab Results Task Group

Linette Scott reported that the lab results task group had met and completed the business requirements matrix spreadsheet for several relevant non-core services that the group had identified. Note: please see the [spreadsheet posted on the TAC project space](#) for detailed information.

The services recommended for inclusion in the Technical Architecture as planned non-core services are:

- Service 1 – a clearinghouse where labs can send results and those results can be routed to the appropriate ordering provider or public health agency.
- Service 2a – routing of standardized electronic lab results either by Service 1 or sent directly to an ordering provider certified EHR technology, public health agency, patient designated entities (such as PHRs), and other providers designated by the ordering provider or the patient

The services recommended for inclusion in the Operational Plan as non-core services under consideration (i.e., of lower priority) are:

- Service 2 – a service that transforms the format of lab results produced by labs into a standard format (or formats). The task group believed this to be a useful service for supporting lab results exchange among providers who are not eligible for meaningful use incentives.
- Service2b – decision support for the automated routing of test results that can and must be transmitted electronically to which providers/ patients/ agencies per CA statutes and regulations.
- Service 2c – a transport transformation service to accommodate varying transport protocols
- Service 2d – routing of a standardized electronic lab order from ordering provider to the appropriate fulfilling lab

TAC participants agreed by consensus that the Technical Architecture be updated in accordance with the recommendations of the lab results task group, such that (1) lab results clearinghouse and routing service be described as a “planned” non-core service, and (2) transformation services, lab results routing decision support, and routing of lab orders be described as “under consideration” as possible extensions of the primary services planned.

Update from the Eligibility Determination Task Group

Lucia Savage reported that the findings of the eligibility task group remain the same compared to last week. Note: please see the [business case summary posted on the TAC project space](#) for additional information. In brief, the findings and recommendations of the task group are:

- A service that provides comprehensive eligibility data via EDI (i.e., a centralized clearinghouse for eligibility data) is worth exploring further as a possible non-core shared service. This central eligibility service would consolidate EDI functionality and potentially charge transaction fees to EHR/practice management systems and possibly payers for eligibility checks.
- Barriers to the above mentioned service include the ability of the service to successfully displace existing relationships in place between I.T. vendors and clearinghouses, as well as privacy and security concerns.
- It is assumed that electronic eligibility checking will remain one of the criteria for stage-1 meaningful use; however, if this was to change, the potential value of offering such a service would need to be revisited.
- The task group is not recommending that the Governance Entity necessarily pursue a centralized eligibility service, nor that the GE is necessarily the appropriate sponsor of such a service. The Governance Entity should conduct its exploration of a central eligibility service in a coordinated fashion with those engaged in the separate parallel initiative to potentially develop an all-payer portal in California, including IHA, CHCF, and payer stakeholders.

TAC participants agreed by consensus that the service identified by the eligibility task group be included in the Operational Plan as a service under consideration; the service requires further research by the Governance Entity in conjunction with IHA, CHCF, and payer stakeholders.

Next Steps for TAC

This being the last TAC meeting until after April, Jonah and Walter thanked everyone for their dedication to the project. While acknowledging that the process was at times difficult due to the challenging timelines and requirements, and that additional improvements to better leverage the time and talents of the group will need to be made in the future, the committee has nevertheless accomplished a great deal and has produced an excellent plan for the Governance Entity.

Members Present

Jonah Frohlich	Deputy Secretary of Health IT, CHHSA
Jeff Guterman	Medical Director, LA County Dept. of Health Services
David Joyner	SVP, Network mgmt, Blue Shield of California
Rama Khalsa	Health Director, County of Santa Cruz
Ronald Leeruangsri	County of Los Angeles Chief Executive Office
John Mattison	CMIO, Southern California Region Kaiser Permanente
Michael Minear	CIO, UC Davis Health System
Lee Mosbrucker (proxy for Christy Quinlan)	CA Office of the Chief Information Officer
Kim Ortiz	Chief Deputy Director, Medi-Cal
Ray Otake	CIO, Community Health Center Network
Ray Parris	CIO, Golden Valley Health Center
Wayne Sass	CIO and Privacy Officer, Nautilus Healthcare Management Group
Lucia Savage	Assoc. General Counsel, United Health Care
Linette Scott	Deputy Director, Department of Public Health
Bill Spooner	CIO, Sharp Healthcare
Scott Whyte	Sr. Director for Physician and Ambulatory IT Strategy, Catholic Healthcare West
Tom Williams	Executive Director, Integrated Healthcare Association

Staff Present

Name
Walter Sujansky
Tim Andrews
Peter Hung